

	United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Other</b>	OPP Identifier Number
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**Application for Pesticide – Section I**

1. Company/Product Number <b>Bayer CropScience LP 264-REEU</b>	2. EPA Product Manager <b>Heather McFarley</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Bayer CropScience LP/GFA 280</b>	PM # <b>24</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Bayer CropScience LP</b> <b>800 N. Lindbergh Blvd</b> <b>St. Louis, MO 63167</b> <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <span style="background-color: black; color: black;">[REDACTED]</span> Product Name <span style="background-color: black; color: black;">[REDACTED]</span> <small>*Product ingredient source information may be entitled to confidential treatment*</small>

**Section – II**

<input type="checkbox"/> Amendment – Explain below. <input checked="" type="checkbox"/> Resubmission in response to Agency email dated 07/21/2022 <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels. <input checked="" type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.
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**Explanation:** Use additional page(s) if necessary. (For section I and Section II.) \*Product ingredient source information may be entitled to confidential treatment\*


Submission of GFA 280, an end use product identical to [REDACTED] PRIA fee of \$1,746.00

Resubmission 07/21/2022 of revised 8570-1 at request of EPA.

**Section – III**

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <b>* Certification must be submitted</b>	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.    No. per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.    No. per Container	2. Type of Container <input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 2x2.5gal, mini-bulk, bulk	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

**Section – IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name <b>Sarah Berger</b>	Title <b>Regulatory Affairs Manager</b>	Telephone No. (Include Area Code) <b>(636) 628-1289</b>	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <b>(Stamped)</b>
2. Signature 	3. Title <b>Regulatory Affairs Manager</b>		
4. Typed Name <b>Sarah Berger</b>	5. Date <b>07/21/2022</b>		